

| MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH | | | | | | | | | |
|---|-----------------------|---|---|--|---|---|--|---|---|
| Registration District No. 318 | | Primary Registration District No. 1003 | | Registrar's No. 1491 | | STATE FILE NUMBER 61-007010 | | | |
| FILED VS FEB 28 1961 | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | | Length of stay in 1b 13 days | | c. CITY OR TOWN Overland | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 2349 Addie Ave., | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JUNE Middle FRANKLIN Last WAYMAN | | | 4. DATE OF DEATH Month Feb. 13, Year 1961 | | | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 6-9-1962 | | 9. AGE (last birthday) 58 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | | | 10b. KIND OF BUSINESS OR INDUSTRY A & P Stores | | | 11. BIRTHPLACE (City and state or country) Walnut Hill, Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Oscar Wayman | | | 13b. MOTHER'S MAIDEN NAME Annie | | | 14. NAME OF HUSBAND OR WIFE 2349 Addie Ave., Leona L. Wayman-Overland | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | | | 17. INFORMANT Address Overland Mrs. Leona L. Wayman-2349 Addie Ave. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arterio-Sclerotic Heart Disease DUE TO (c) 420.0 Interval between ONSET AND DEATH 10 min 2 yrs | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 1-12-58 to 2-13-61 and last saw him alive on 2-12-61 Death occurred at 10 ⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22. SIGNATURE (Degree or title) Herman J. Klesner M.D. | | | | 22b. ADDRESS 9616 Backland Rd. | | | 22c. DATE SIGNED 2-14-61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2-16-1961 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | | 23d. LOCATION (City, town, or county) Pagedale | | (State) Missouri | |
| 24. FUNERAL DIRECTOR'S ADDRESS BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD | | | | 25. DATE RECD. BY LOCAL REG. FEB 14 1961 | | 26. REGISTRAR'S SIGNATURE H. J. Klesner M.D. | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.